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APPLICANTS

Daniel F. Alexander, Sparkman, AR;
 Jay Andrew Herbert, Arkadelphia, AR;
 Carlos A. Zamudio, Arkadelphia, AR;

** CONTINUING DATA *****
 NONE TT

** FOREIGN APPLICATIONS *****
 NONE TT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AR	SHEETS DRAWING 4	TOTAL CLAIMS 19/9	INDEPENDENT CLAIMS 3/4
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *TT*

ADDRESS
 026096
 CARLSON, GASKEY & OLDS, P.C.
 400 WEST MAPLE ROAD
 SUITE 350
 BIRMINGHAM, MI
 48009

TITLE
 Compressor check valve retainer

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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